

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19278

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Township Central Heights Primary Registration District No. 16248 H
 City Richmond Heights St. Marys Hospital St. _____ Ward _____
 Registered No. 133

2. FULL NAME Edward J. Mahood
 (a) Residence, No. 1616 E. Webster Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily G. Mahood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 23 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 25

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Teacher 215
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

10. NAME OF FATHER Joseph Mahood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14. INFORMANT Emily G. Mahood
 (Address) 1616 E. Ave. Webster Ave

15. FILED 57/19 19 31 L. E. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1931

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 18, 1931, that I last saw him alive on May 18, 1931, and that death occurred, on the date stated above, at 333 p

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Type 2 -
1180
 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) chyluria
 (duration) about 14 ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS May & clinical
 (Signed) Wm. G. Gardner, M. D.
5/19, 19 31 (Address) Webster Bros

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery DATE OF BURIAL May 20 1931

20. UNDERTAKER Louis H Bepp ADDRESS Kirkwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

JAN 12 1951